Company Tracking Number:

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: C-MED-1009 Medicare/DV-1 Advertisement

Project Name/Number: C-MED-1009 Medicare/DV-1 Advertisement/

Filing at a Glance

Company: Reserve National Insurance Company

Implementation Date Requested: On Approval

Product Name: C-MED-1009 Medicare/DV-1 SERFF Tr Num: RNIC-126840032 State: Arkansas

Advertisement

TOI: MS09 Medicare Supplement - Other 2010 SERFF Status: Closed-Filed- State Tr Num: 46949

Closed

Sub-TOI: MS09.000 Medicare Supplement Co Tr Num: State Status: Filed-Closed

Other 2010

Filing Type: Advertisement Reviewer(s): Stephanie Fowler

Authors: Kyle Conrad, Brenda

Ingram, Misty Anglin

Date Submitted: 10/01/2010 Disposition Status: Filed-Closed

Group Market Type:

Disposition Date: 10/15/2010

Implementation Date:

State Filing Description:

General Information

Project Name: C-MED-1009 Medicare/DV-1 Advertisement

Status of Filing in Domicile: Pending

Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other:

Submission Type: New Submission

Market Type: Individual

Group Market Size:

Overall Rate Impact:

Filing Status Changed: 10/15/2010 Explanation for Other Group Market Type:

State Status Changed: 10/15/2010

Deemer Date: Created By: Brenda Ingram

Submitted By: Brenda Ingram Corresponding Filing Tracking Number:

Filing Description:
Ms. Rosalind D. Minor

Certified Rate and Form Analyst

Life and Health Division

Arkansas Insurance Department

1200 West Third Street

Little Rock, AR 72201-1904

Company Tracking Number:

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: C-MED-1009 Medicare/DV-1 Advertisement

Project Name/Number: C-MED-1009 Medicare/DV-1 Advertisement/

RE: Reserve National Insurance Company - NAIC # 68462; FEIN# 73-0661453

Form C-MED-1009-AR – Medicare Supplement Advertisement

Form A-BRE-0909-E – Return Envelope Form C-MED-0909-E – Mailing Envelope

Dear Ms Minor:

We are submitting copies of the above-referenced Medicare supplement advertising materials, which we request you consider for approval. This is a new filing not previously submitted.

Form C-MED-1009-AR will be sent to individuals to determine their interest in a Medicare supplement policy with Reserve National. Form A-BRE-0909-E is the envelope which can be used to return the reply to us. This form was previously approved by your office. Form C-MED-0909-E is the envelope in which we will mail these materials. This form was previously approved by your office.

If this filing meets with your approval, please furnish us with evidence thereof.

Thank you for your consideration in this matter. If there are any questions, you may contact me by telephone at (800) 874-1431, by fax at (405) 840-3426 or by e-mail at kconrad@unitrin.com.

Sincerely,

Kyle D. Conrad Senior Vice President and Associate Corporate Counsel

Company and Contact

Filing Contact Information

Kyle Conrad, Vice President & Associate kconrad@unitrin.com

Corporate Counsel

6100 N. W. Grand Blvd 800-874-1431 [Phone] 549 [Ext]

Oklahoma City, OK 73118

Filing Company Information

Reserve National Insurance Company CoCode: 68462 State of Domicile: Oklahoma 6100 N.W. Grand Boulevard Group Code: 215 Company Type: Life and Health

Company Tracking Number:

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: C-MED-1009 Medicare/DV-1 Advertisement

Project Name/Number: C-MED-1009 Medicare/DV-1 Advertisement/

Oklahoma City, OK 73118 Group Name: Reserve National State ID Number:

(405) 848-7931 ext. 549[Phone] FEIN Number: 73-0661453

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: Advertising

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Reserve National Insurance Company \$50.00 10/01/2010 40111866

 SERFF Tracking Number:
 RNIC-126840032
 State:
 Arkansas

 Filing Company:
 Reserve National Insurance Company
 State Tracking Number:
 46949

Company Tracking Number:

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: C-MED-1009 Medicare/DV-1 Advertisement

Project Name/Number: C-MED-1009 Medicare/DV-1 Advertisement/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	I Stephanie Fowler	10/15/2010	10/15/2010

Company Tracking Number:

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: C-MED-1009 Medicare/DV-1 Advertisement

Project Name/Number: C-MED-1009 Medicare/DV-1 Advertisement/

Disposition

Disposition Date: 10/15/2010

Implementation Date: Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

 SERFF Tracking Number:
 RNIC-126840032
 State:
 Arkansas

 Filing Company:
 Reserve National Insurance Company
 State Tracking Number:
 46949

Company Tracking Number:

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: C-MED-1009 Medicare/DV-1 Advertisement

Project Name/Number: C-MED-1009 Medicare/DV-1 Advertisement/

Schedule Item Schedule Item Status Public Access

Supporting DocumentA-BRE-0909-E – Return EnvelopeFiledYesSupporting DocumentC-MED-0909-E – Mailing EnvelopeFiledYesFormMedicare Supplement AdvertisementFiledYes

 SERFF Tracking Number:
 RNIC-126840032
 State:
 Arkansas

 Filing Company:
 Reserve National Insurance Company
 State Tracking Number:
 46949

Company Tracking Number:

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: C-MED-1009 Medicare/DV-1 Advertisement

Project Name/Number: C-MED-1009 Medicare/DV-1 Advertisement/

Form Schedule

Lead Form Number:

Schedule	Form Number	Form Type Form Name	Action	Action Specific	Readability	Attachment
ltem	Number			Data		
Status						
Filed	C-MED-	Advertising Medicare	Initial			C-MED-1009-
10/15/2010	1009-AR	Supplement				AR.pdf
		Advertisement				



Dear Sample A. Sample:

Medicare was never intended to cover all your health care expenses, that's why it's important that you know your options and are adequately covered. We can help with all your Medicare Supplement Insurance questions and needs.

As an Arkansas resident you may now be eligible for more than basic Medicare coverage and the various Medicare Supplement Insurance options available...

You may qualify for our "SeniorCare" Plan, a Home Health Care Indemnity Policy. Consider the advantages of health care without leaving your home. It gives you the flexibility to utilize the type of care that's right for you – in the comfort of your own home. Optional benefits under this insurance plan include: Annual Physicals, Hearing Aids and Prescription Drugs.

Now also available - Dental and Vision Coverage: One policy provides affordable dental & vision coverage with benefits you can really use today. Coverage starts immediately with no waiting period for check-ups.

Respond Within 7-Days For a FREE Rate Quote

Complete and return the Request Form below in the postage-paid envelope provided for more information about insurance plans that will help pay expenses not covered by Medicare.

(There is no cost or obligation of any kind.)

FACTS:

- ✓ Most people prefer to recover at home instead of a nursing home.
- ✓ Hospital stays are getting shorter. More people are recovering at home instead of incurring extended hospital stays.
- ✓ Estimates indicate that approximately 7.6 million Americans receive home health care services on an annual basis.*
- ✓ Studies show that oral health is tied to conditions such as diabetes, heart disease and osteoporosis.*

*Source: National Association For Home Care and Hospice. Mayo Foundation Medical Education and Research.

Official MEDICARE Supplement Request Form

Return this form today for more information about Medicare Supplement Insurance Plans, and our "SeniorCare" Home Health Care Indemnity Policy, now available for Arkansas residents. Plus, our new Dental and Vision Coverage.

CONTROL # 000006D29C3RAAR1	NAME YOUR DATE OF BIRTH	YOUR S	SPOUSE'S DATE OF BIRTH		
Qualifying Arkansas Resident:	PHONE NUMBER: ()	_			
002797_12************AUTO**3-DIDGIT 672	PLEASE FILL OUT BELOW, IF DIF	PLEASE FILL OUT BELOW, IF DIFFERENT FROM ADDRESS AT LEFT:			
SAMPLE A. SAMPLE 123 ANY STREET	STREET ADDRESS				
ANYTOWN, AR 0000-0000	CITY	STATE	ZIP		
hallhallanallallahlaldalanalliall					
	COUNTY				

Policy Forms MCS-10-A, C & F, F-HD, and N, and HHC-95 with EBR-HHC-2, and DV-1, individually underwritten by Reserve National Insurance Company. Form numbers, availability and policy provisions may vary by state. Not connected with or indorsed by the US Government or the Federal Medicare Program. A company agent may contact you with details about benefits, costs, limitations, exclusions, renewability and waiting periods.

Company Tracking Number:

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: C-MED-1009 Medicare/DV-1 Advertisement

Project Name/Number: C-MED-1009 Medicare/DV-1 Advertisement/

Supporting Document Schedules

Item Status: Status

Date:

Satisfied - Item: A-BRE-0909-E Return Envelope Filed 10/15/2010

Comments:

Form A-BRE-0909-E is the envelope which can be used to return the reply to us. This form was previously approved by your office.

Attachment:

A-BRE-0909-E.pdf

Item Status: Status

Date:

Satisfied - Item: C-MED-0909-E Mailing Envelope Filed 10/15/2010

Comments:

Form C-MED-0909-E is the envelope in which we will mail these materials. This form was previously approved by your office.

Attachment:

C-MED-0909-E.pdf

A-BRE-0909-E

Please respond in 7 days



NO POSTAGE NECESSARY IF MAILED IN THE **UNITED STATES**

BUSINESS REPLY MAIL FIRST-CLASS MAIL PERMIT NO. 5417 WICHITA KS

POSTAGE WILL BE PAID BY ADDRESSEE

RESERVE NATIONAL INSURANCE PO BOX 21320 WICHITA KS 67208-9721

Talladanda billanda biblada bada bada billada

Underwritten by Keserve National Insurance Company 6100 Northwest Grand Blvd. Oklahoma City, OK 73118

C-WED-0309-E



OFFICIAL: MEDICARE COVERAGE INFORMATION

(DETAILS INSIDE)

ATTENTION:

SAMPLE A. SAMPLE
123 Main Street
Anytown, USA 00000-000

—DATED MATERIAL ENCLOSED —